

<i>SERFF Tracking Number:</i>	<i>AENX-126362055</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43919</i>
<i>Company Tracking Number:</i>	<i>AH AR0206101F01</i>		
<i>TOI:</i>	<i>H171 Individual Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H171.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Law Department</i>		
<i>Project Name/Number:</i>	<i>2009 Law Department/AH AR0206101F01</i>		

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Law Department

TOI: H171 Individual Health - Prescription Drug

Sub-TOI: H171.000 Health - Prescription Drug

Filing Type: Form

SERFF Tr Num: AENX-126362055 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 43919

Co Tr Num: AH AR0206101F01

State Status: Approved-Closed

Author: SPI AetnaSPI

Date Submitted: 10/28/2009

Reviewer(s): Rosalind Minor

Disposition Date: 10/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2009 Law Department

Project Number: AH AR0206101F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/30/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/30/2009

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

Filing Description:

The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions more clearly reflect the current practices and the evolution of the pharmacy benefits marketplace to the point where prescription drugs may now be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

## Company and Contact

### Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

SERFF Tracking Number: AENX-126362055 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 43919  
Company Tracking Number: AH AR0206101F01  
TOI: H171 Individual Health - Prescription Drug Sub-TOI: H171.000 Health - Prescription Drug  
Product Name: 2009 Law Department  
Project Name/Number: 2009 Law Department/AH AR0206101F01

**Manager**

151 Farmington Avenue 860-279-1282 [Phone]  
Mail Stop RW61 860-952-2069 [FAX]  
Hartford, CT 06156

**Filing Company Information**

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut  
151 Farmington Avenue Group Code: 1 Company Type:  
Hartford, CT 06156 Group Name: Aetna State ID Number:  
(860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	10/28/2009	31615435

<i>SERFF Tracking Number:</i>	<i>AENX-126362055</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	10/30/2009	10/30/2009

<i>SERFF Tracking Number:</i>	<i>AENX-126362055</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2009 Law Department</i>		
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## **Disposition**

Disposition Date: 10/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-126362055</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43919</i>
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<i>TOI:</i>	<i>H171 Individual Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H171.000 Health - Prescription Drug</i>
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<i>Project Name/Number:</i>	<i>2009 Law Department/AH AR0206101F01</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	cover letter	Approved-Closed	Yes
<b>Supporting Document</b>	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
<b>Form</b>	Prescription Drug Amendment form	Approved-Closed	Yes

SERFF Tracking Number: AENX-126362055 State: Arkansas

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 10/30/2009	GR-96621 ED. 07/09	Policy/Cont Prescription Drug ract/Fratern Amendment form al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	GR-96621 ED_ 07_09.PDF

# Aetna Life Insurance Company

Hartford, Connecticut 06156

## Amendment

Policyholder: [XXXX]

Policy No.: [XXXX]

Effective Date: [XXXX]

The policy specified above has been amended. The following summarizes the changes in the policy describing the policy terms that were amended accordingly. This amendment is effective on the date shown above.

1. The following provisions are added to your Certificate:

### ***Your Aetna Prescription Drug Coverage: Some Common Terms:***

**Brand-Name Prescription Drug** is a **prescription drug** with a proprietary name assigned to it by the manufacturer and so indicated by Medispan or any other similar publication designated by **Aetna**.

**Generic Prescription Drug** is a **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration (FDA) as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by Medispan or any other publication designated by **Aetna**.

**Preferred Pharmacy (Participating Pharmacy)** is a description of a retail, **mail order** or **specialty pharmacy** that has entered into a contractual agreement with **Aetna**, an affiliate, or a third party vendor, for the provision of covered services to you and your covered dependents.

**Non-Preferred Pharmacy (Non-Participating Pharmacy)** is a description of a **pharmacy** that has not contracted with **Aetna**, an affiliate, or a third party vendor and does not participate in the **pharmacy** network.

**Self-injectable Drug(s)** are **prescription drugs** that are intended to be self-administered by injection to a specific part of the body to treat certain chronic medical conditions. An updated copy of the list of **Self-Injectable Drugs**, designated by **Aetna** as eligible for benefits shall be available upon request or may be accessed at the **Aetna** website, at [www.aetna.com](http://www.aetna.com). The list is subject to change by **Aetna**.

**Specialty Care Drugs** are **prescription drugs** which include **injectable**, infusion and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis which are listed in the **specialty care drug** list.

**Specialty Pharmacy Network** is a network of pharmacies designated to fill **self-injectable drug** prescriptions and/or **specialty care drugs**.

2. The section of the Prescription Drug Benefits (Out of Hospital) that describes Precertification is hereby replaced with the following:

## Precertification

**Precertification** is required for certain outpatient **prescription drugs**. **Prescribers** must contact **Aetna** to request and obtain coverage for such **prescription drugs**. The list of drugs requiring **precertification** is subject to periodic review and modification by **Aetna**. An updated copy of the list of drugs requiring **precertification** shall be available upon request or may be accessed on line and can be found in the **Aetna preferred drug list** (formulary) available online at [www.aetna.com/formulary](http://www.aetna.com/formulary).

Failure to **precertify** will result in a reduction of benefits (see your *Outline of Coverage*), or denial of coverage, so be sure to ask your **prescriber** or pharmacist if the drug being considered requires **precertification**.

## How to Obtain Precertification

If an outpatient **prescription drug** requires **precertification** and you use a **preferred pharmacy** the **prescriber** is required to obtain **precertification** for you.

When you use a **non-preferred pharmacy**, you can begin the **precertification** process by having the **prescriber** call **Aetna** at the number on your ID card. **Aetna** will let your **prescriber** know if the **prescription drug** is **precertified**. If **precertification** is denied **Aetna** will notify you how the decision can be **appealed**.

## Step-Therapy

**Step-therapy** is another form of **precertification**. With **step-therapy**, certain medications will be excluded from coverage unless one or more “prerequisite therapy” medications are tried first or unless the **prescriber** obtains a medical exception.

The plan will not cover the **step-therapy** drug. A benefit reduction will be applied if your **prescriber** does not prescribe a prerequisite drug first or fails to obtain a medical exception.

Lists of the **step-therapy** drugs and prerequisite drugs are included in the **Aetna preferred drug list** available upon request or online at [[www.aetna.com/formulary](http://www.aetna.com/formulary)]. The list of step therapy drugs are subject to change by **Aetna**.

## Medical Exceptions

Your **prescriber** may seek a medical exception to obtain coverage for drugs listed on the **preferred drug** exclusions list or for which coverage is denied through the **precertification** or **step therapy process** or **brand-name prescription drugs**. Such exception requests shall be made by the prescriber to the Aetna. Coverage granted as a result of a medical exception shall be based on an individual, case by case **medical necessity** determination and coverage will not apply or extend to other covered persons.

3. The Glossary Section has been modified by the addition of the following terms:

### Generic Prescription Drug



This is a **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration (FDA) as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by Medispan or any other publication designated by **Aetna**.

**Non-Preferred Pharmacy (Non-Participating Pharmacy)**

**Non-Preferred Pharmacy** is a description of a **pharmacy** that has not contracted with **Aetna**, an affiliate, or a third party vendor and does not participate in the **pharmacy** network.

**Specialty Care Drug**

**Prescription drugs** include **injectable**, infusion and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis which are listed in the **specialty care drug** list.

4. We have deleted and replaced the following terms from the Glossary with these new definitions:

**Brand Name Prescription Drugs**

**Brand-Name Prescription Drug** is a **prescription drug** with a proprietary name assigned to it by the manufacturer and so indicated by Medispan or any other similar publication designated by **Aetna**.

**Negotiated Charge**

**As to your Prescription Drug Benefits:**

The negotiated charge is the amount Aetna has established for each prescription drug obtained from a Preferred Pharmacy. The negotiated charge may reflect amounts Aetna has agreed to pay directly to the Preferred Pharmacy or to a third party vendor for the prescription drug, and may include an additional service or risk charge set by Aetna.

The negotiated charge does not include or reflect any amount Aetna, an affiliate, or a third party vendor, may receive under a rebate arrangement between Aetna, an affiliate or a third party vendor and a drug manufacturer for any prescription drug including prescription drugs on the medication formulary.

Based on its overall drug purchasing, Aetna may receive rebates from the manufacturers of prescription drugs and may receive or pay additional amounts from or to third parties under price guarantees. These amounts will not change the negotiated charge under this Plan.

**As to all other health expense coverage:**

The negotiated charge is the maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

**Preferred Pharmacy (Participating Pharmacy)**

A pharmacy, including a mail order pharmacy or **specialty pharmacy network pharmacy**, which is party to a contract with **Aetna**, an affiliate, or a third party vendor, to dispense to persons covered under this plan, but only:

- While the contract remains in effect; and
- While such pharmacy dispenses a prescription drug under the terms of the contract.

**Self-Injectable Drugs**

**Self-injectable Drug(s)** are **prescription drugs** that are intended to be self] administered by injection to a specific part of the body to treat certain chronic medical conditions. .An updated copy of the list of **Self-Injectable Drugs**, designated by **Aetna** as eligible for benefits shall be available upon request or may be accessed at the **Aetna** website, at [www.aetna.com](http://www.aetna.com). The list is subject to change by **Aetna**.

**Specialty Pharmacy Network**

A network of pharmacies designated to fill **self-injectable drug prescriptions** and/or **specialty care drugs**.

**Step Therapy**

A form of precertification under which certain prescription drugs will be excluded from coverage, unless a first line therapy drug(s) is used first by you. The list of step therapy drugs is subject to change by Aetna. An updated copy of the list of drugs subject to step therapy shall be available upon request by you or may be accessed on the Aetna website at [www.aetna.com/formulary].

5. The Summary of Coverage is modified by the addition of the following with respect to Non-Preferred Benefits applicable to Self-Injectable Drugs

*[Non-Preferred Benefit*

**[For each [30] day supply]:**

[50%-100%] of the recognized charge]

President



Aetna Life Insurance Company  
(A Stock Company)

Amendment: [ 1 ]

Issue Date [05/01/09]

SERFF Tracking Number:	AENX-126362055	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	43919
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Project Name/Number:	2009 Law Department/AH AR0206101F01		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	10/30/2009
<b>Bypass Reason:</b>	Forms satisfy readability when included with approved forms		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/30/2009
<b>Bypass Reason:</b>	not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	10/30/2009
<b>Bypass Reason:</b>	not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	10/30/2009
<b>Bypass Reason:</b>	not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	cover letter	Approved-Closed	10/30/2009
<b>Comments:</b>			
<b>Attachment:</b>	cover letter.PDF		

<i>SERFF Tracking Number:</i>	<i>AENX-126362055</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43919</i>
<i>Company Tracking Number:</i>	<i>AH AR0206101F01</i>		
<i>TOI:</i>	<i>H171 Individual Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H171.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>2009 Law Department</i>		
<i>Project Name/Number:</i>	<i>2009 Law Department/AH AR0206101F01</i>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed  10/30/2009
<b>Comments:</b>		
<b>Attachments:</b>		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		



**John W. Ciesielski**  
Product & Regulatory Approvals  
Law and Regulatory Affairs  
151 Farmington Ave, RW61  
Hartford, CT 06156  
(845) 279-1282  
Fax: (860) 952-2065  
Email: Ciesielskijw@aetna.com

October 28, 2009

Insurance Commissioner Julie Benafield Bowman  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Aetna Life Insurance Company**  
NAIC No. 001-60054  
Accident & Health Insurance Coverage  
Certificate Amendment Form: GR-96621 ED. 07/09

Dear Commissioner Benafield:

The forms listed above are being submitted for your Department's review and approval on a general use basis. The subject forms are new and do not replace any form(s) previously approved by your Department.

This amendment will be used with policy forms approved by your Department on November 8, 2007 for policy forms GR-11741 and GR-11741-LME.

The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions more clearly reflect the current practices and the evolution of the pharmacy benefits marketplace to the point where prescription drugs may now be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

If you have any questions regarding this submission, please do not hesitate to contact me at my email address Ciesielskijw@aetna.com or at the telephone number shown above.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski".

John W. Ciesielski, Manager  
Product & Regulatory Approvals

Attachments/Enclosures

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1. Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3. Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

<b>4. Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

<b>5. Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval	<input type="checkbox"/> File & Use	<input type="checkbox"/> Informational
	<input type="checkbox"/> Combination (please explain): _____		
	<input type="checkbox"/> Other (please explain): _____		

<b>6. Company Tracking Number</b>	AH AR0206101F01
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<b>7.</b>	<input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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<b>8. Market</b>	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	H17I Individual Health - Prescription Drug
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<b>10. Product Coding Matrix Filing Code</b>	H17L.000 Health - Prescription Drug
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____
	<b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

<b>12.</b>	<b>Filing Submission Date</b>	10/27/2009
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>	N/A
<b>15.</b>	<b>Filing Description:</b>	
	Rx prescription drug amendment	

<b>16.</b>	<b>Certification (If required)</b>	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .		
Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u>		
Signature <u>John W Ciesielski</u> Date <u>October 28, 2009</u>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		AH AR0206101F01
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Prescription Drug Amendment form	GR-96621 ED. 07/09	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	